MESSA ABC Plan 1
Medical Plan Highlights

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ACCOUNT-BASED CHOICES

All services must be **medically necessary,** performed by a qualified provider, and covered under the plan.

Deductibles	In-Network		Out-of-Network	
Deductible Maximum *(per calendar year)* Applies to all services and prescription drug purchases except preventive care and certain preventive prescriptions. When two or more lives are covered under this plan, the entire family deductible must be met before claims are paid for any individual. This is mandated by federal law for an HSA-qualified plan.	**Single Coverage** $1,250	**2-Person & Family** $2,500	**Single Coverage** $2,500	**2-Person & Family** $5,000
Out-of-pocket Cap *(per calendar year)* Deductibles, charges above approved amount, and charges for services not covered under the plan do not count toward the out-of-pocket cap.	**Single Coverage** $1,000	**2-Person & Family** $2,000	**Single Coverage** $2,000	**2-Person & Family** $4,000
Lifetime Benefit Maximum	Unlimited		Unlimited	

Type of Service	In-Network Provider *(after deductible)*	Out-of-Network Provider *(after deductible)*
Office Visits	100%	80% of approved amount
Free Preventive Prescriptions MESSA ABC covers an extensive list of FREE preventive prescriptions that have no deductible and no copayment including cholesterol and blood pressure medications, weight loss medications, prenatal vitamins, contraceptives and many more.	100% coverage No deductible, No copayment	Not covered
Other Prescription Drug Coverage (See reverse for details) Under federal law governing HSA-qualified plans, prescription drugs are subject to the deductible (other than MESSA's free preventive prescriptions). After deductible is met, MESSA ABC Rx coverage and copayments apply.	After deductible, MESSA ABC Rx copayments apply up to out-of-pocket maximum	75% of approved amount
Inpatient Hospital ■ Semi-private room and board *(includes supplies and services)* ■ Physician Charges	100%	80% of approved amount
Surgical Services *Includes:* surgeon, assistant surgeon and anesthesiologist	100%	80% of approved amount
Emergency Care ■ Emergency Room Facility and Physician charges ■ Urgent Care	100%	80% of approved amount
Preventive Care - www.uspreventiveservicestaskforce.org Services such as annual exams, screenings, childhood and adult immunizations and preventive drugs including contraceptives **Immunizations provided by a Public Health Department or at a MESSA-sponsored event are considered in-network*	100% coverage Not subject to deductible	Not Covered *(except for mammograms which are covered at 80% of the approved amount after the deductible)*
Chiropractic Services including Modalities Up to 38 visits *(combination of in-network and out-of-network visits)* per calendar year. Some providers may charge more than the approved amount for MESSA-specific benefits	100% of approved amount	80% of approved amount

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Type of Service	In-Network Provider *(after deductible)*	Out-of-Network Provider *(after deductible)*
Diagnostic Lab & X-Ray, Radiation, and Chemotherapy	100%	80% of approved amount
Allergy Testing & Therapy	100%	80% of approved amount
Additional Covered Services ■ Medical Supplies and Equipment ■ Ambulance ■ Hearing Care *(plan limits apply)* ■ Skilled Nursing Facility *(120 day annual limit applies)* ■ Hospice *(limits apply)* ■ Home Health Care	100%	Same as in-network
Human Organ Transplant	100% when authorized and performed at a BCBSM-approved facility *(plan limits apply)*	Not covered
Mental Health and Substance Abuse ***Inpatient and Outpatient Care*** ■ Mental health care ■ Substance abuse treatment	100%	80% of approved amount
Outpatient Physical, Occupational, and Speech Therapy Up to a combined benefit maximum of 60 visits per member per calendar year, whether obtained from an in-network or out-of-network provider	100%	80% of approved amount

■ Free Preventive Prescription Drugs - A MESSA Value Added Benefit

Before members pay anything toward their deductible, MESSA provides 100% coverage for an extensive list of prescription drugs including cholesterol and blood pressure medications, prenatal vitamins, contraceptives, weight loss medications and many more. No deductible. Zero copayment. Members pay ***nothing*** for these preventive prescriptions.

■ Prescription Drug Coverage

Group prescription drug coverage is included with this plan. **After applicable deductible is met**, there is a $2 copayment for generic maintenance medications for specific chronic conditions and diseases. There is a $10 copayment for all other generics. There is also a $10 copayment for listed Over-the-Counter (OTC) medications used to treat heartburn and seasonal allergies. There is a $20 copayment (reduced from $40) for specific brand name maintenance drugs used to treat diabetes and asthma. There is a $40 copayment for brand name drugs when no generic product exists. Please refer to your Plan Coverage Booklet for full details, limits and exclusions.

■ Medical Case Management (MCM)

MESSA offers Medical Case Management (MCM), a unique program tailored to meet the medical needs of our members who may need extraordinary care if diagnosed with a catastrophic illness or injury. It is designed to help MESSA members and their families through these difficult times by providing flexibility, support and direct involvement in the management of their health care.

■ MESSA Help Lines - NurseLine and Healthy Expectations

Plan participants have access to a 24/7 NurseLine for general medical information. To access NurseLine, call 800.414.2014 to speak to a specially trained Registered Nurse who can answer your medical questions and provide health-related information. MESSA's prenatal information and support program for expectant mothers is Healthy Expectations. Please call the MESSA Member Service Center at 800.336.0013 for information or to enroll. These services are not intended to replace regular medical care by a doctor or other qualified medical professional.

■ Covered Services and Approved Amounts

In-Network providers bill BCBSM directly. Payments for covered services are based on BCBSM's approved amounts. Your liability is limited to the plan deductible and coinsurance requirements.

Out-of-Network providers may or may not bill BCBSM directly. The member is responsible to the provider for deductibles, and **amounts that are in excess of the approved amount** for the service. **These amounts may be substantial.**

Medical benefits underwritten by Blue Cross Blue Shield of Michigan (BCBSM) & 4 Ever Life Insurance Company. BCBSM is an independent licensee of the Blue Cross and Blue Shield Association.

Additional Benefits for You

Life Insurance	$5,000	Life and AD&D insurance may be continued following termination of employment by direct payment to MESSA. AD&D terminates at age 65 or when employment terminates, whichever happens last.
Accidental Death & Dismemberment Insurance (AD&D)	$5,000	

Life and AD&D insurance underwritten by Life Insurance Company of North America.

This is a brief summary of MESSA ABC Plan 1. For additional information, including eligibility, limitations and exclusions, please contact MESSA at 800.336.0013.